



# Trinity Life Insurance Company

ADMINISTRATIVE OFFICE  
PO BOX 5205 • FRANKFORT, KY 40602-5205  
Phone: (866) 440-1357 • Fax: (502) 227-7205

## AVOCATION QUESTIONNAIRE

PRINT USING BLACK INK.  
ALL SECTIONS MUST BE COMPLETED.

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>SECTION 1 RACING SPORTS</b>	<b>Racing, Auto, Motorcycle, Snowmobile, Motorboat</b>				<input type="checkbox"/> I do not participate in Racing Sports. (Skip to next section.)	
	Type:	<input type="checkbox"/> Midget	<input type="checkbox"/> Hotrod	<input type="checkbox"/> Sportscar	<input type="checkbox"/> Cycle	<input type="checkbox"/> Other
		<input type="checkbox"/> Stock	<input type="checkbox"/> Drag	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Boat	
	Vehicle or boat:	Make & Model: _____			Class & category _____	
	Displacement:	_____			Horsepower _____	
	Timing:	<input type="checkbox"/> Vehicle vs. Vehicle	<input type="checkbox"/> Vehicle vs. Clock	Maximum speed attained: _____ mph		
	Location:	<input type="checkbox"/> Oval Track	<input type="checkbox"/> Closed Circuit	<input type="checkbox"/> Drag Strip	<input type="checkbox"/> Hill Climb	<input type="checkbox"/> Other : _____
	In the past 10 years have you had a racing accident?..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", explain details in Remarks Section below.)					
Racing organizations affiliated with? _____						
Races supervised by? _____						
Frequency (# Races)		Last 12 Months	12-24 Months Ago	Estimated Next 12 Months		

<b>SECTION 2 UNDERWATER SPORTS</b>	<input type="checkbox"/> I do not participate in Underwater Sports. (Skip to next section.)					
	Type:	<input type="checkbox"/> Scuba	<input type="checkbox"/> Skin	<input type="checkbox"/> Snorkel	Purpose: <input type="checkbox"/> Recreation <input type="checkbox"/> Rescue <input type="checkbox"/> Salvage	
	Locations:	<input type="checkbox"/> Oceans	<input type="checkbox"/> Lakes	<input type="checkbox"/> Rivers	<input type="checkbox"/> Pools	<input type="checkbox"/> Quarries <input type="checkbox"/> Caves <input type="checkbox"/> Other _____
	Have you received formal diving training? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", give details in Remarks Section below.)					
	Do you use the "buddy system"? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Average Time at each depth?	0-75 Ft _____	75-125 Ft _____	Over 125 Ft _____		
# of Dives:	Last 12 Months _____	12 - 24 Months Ago _____	Estimated Next 12 Months _____			

<b>SECTION 3 SKY SPORTS</b>	Please identify which activities you participate in: <input type="checkbox"/> I do not participate in Sky Sports. (Skip to next section.)					
	<input type="checkbox"/> Sky Diving	<input type="checkbox"/> Hang Gliding	<input type="checkbox"/> Ultralights	<input type="checkbox"/> Biplaning	<input type="checkbox"/> Parachuting	<input type="checkbox"/> Ballooning <input type="checkbox"/> Other _____
	If sky diving:			If ballooning:		
	Delayed jumping done?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			Gas ballooning ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Any stunting or baton passing?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			Hot air ballooning ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you a member of a club?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			Usual location or type of terrain? _____		
	What class of license do you hold? _____					
	In the past 10 years have you been in an accident connected with this avocation(s)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", give details in Remarks Section below.)					
	# Flights or Jumps:	Last 12 Months _____	12 - 24 Months Ago _____	Estimated Next 12 Months _____		
	Average Height _____	Average Distance _____		Average Duration _____		
Maximum Height _____	Maximum Distance _____		Maximum Duration _____			

Remarks or Other Avocations (Include details regarding nature, locations, frequency, and degree of participation.)  
\_\_\_\_\_  
\_\_\_\_\_

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

Signed at: \_\_\_\_\_ (X) \_\_\_\_\_  
City and State Signature of Proposed Insured

Date: \_\_\_\_\_